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| Fill in this information to identify your case: | | |
|---|-------------------------------|-----------------------------------|
| United States Bankruptcy Court for the: | | |
| NORTHERN DISTRICT OF ILLINOIS | | |
| Case number (if known) | Chapter you are filing under: | |
| | Chapter 7 | |
| | ☐ Chapter 11 | |
| | ☐ Chapter 12 | |
| | ☐ Chapter 13 | ☐ Check if this an amended filing |

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Part 1: | | Identify Yourself | | | |
|---------|-----------------------|---|--|---|---|
| | | | About Debtor 1: | | About Debtor 2 (Spouse Only in a Joint Case): |
| 1. | You | r full name | | | |
| | your pictu exar | e the name that is on government-issued ire identification (for nple, your driver's ise or passport). | Pamela First name M Middle name | | First name Middle name |
| | iden | g your picture tification to your ting with the trustee. | Edwards Last name and Suffix (Sr., Jr., II, III) | _ | Last name and Suffix (Sr., Jr., II, III) |
| 2. | | other names you have d in the last 8 years | | | |
| | | ide your married or den names. | | | |
| 3. | you num Indi | the last 4 digits of r Social Security sber or federal vidual Taxpayer tification number | xxx-xx-5492 | | |

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Case number (if known)

Debtor 1 Pamela M Edwards

| | | About Debtor 1: | About Debtor 2 (Spouse Only in a Joint Case): | | | |
|--|---|---|--|--|--|--|
| 4. Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years | | ■ I have not used any business name or EINs. | ☐ I have not used any business name or EINs. | | | |
| | Include trade names and doing business as names | Business name(s) | Business name(s) | | | |
| | | EINs | EINs | | | |
| 5. | Where you live | 393 Hiawatna Dr | If Debtor 2 lives at a different address: | | | |
| | | Lake in the Hills, IL 60156 Number, Street, City, State & ZIP Code | Number, Street, City, State & ZIP Code | | | |
| | | McHenry County | County | | | |
| | | If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address. | If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address. | | | |
| | | Number, P.O. Box, Street, City, State & ZIP Code | Number, P.O. Box, Street, City, State & ZIP Code | | | |
| 6. | Why you are choosing this district to file for | Check one: | Check one: | | | |
| bankruptcy | | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. | | | |
| | | ☐ I have another reason. Explain. (See 28 U.S.C. § 1408.) | ☐ I have another reason. Explain. (See 28 U.S.C. § 1408.) | | | |
| | | | | | | |

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Case number (if known) Debtor 1 Pamela M Edwards

| art | 2: Tell the Court About | Your I | Bankruptcy Ca | ase | | | | | |
|-----|---|--------------------------|---------------|--|--|---|------------------------------|--|--|
| 7. | The chapter of the Bankruptcy Code you are | | | | of each, see <i>Notice Required by</i> page 1 and check the appropria | 11 U.S.C. § 342(b) for Individuals Filing for Banke box. | kruptcy | | |
| | choosing to file under | ■ Chapter 7 □ Chapter 11 | | | | | | | |
| | | | | | | | | | |
| | | □ Chapter 12 | | | | | | | |
| | | | Chapter 13 | | | | | | |
| | | | | | | | | | |
| 3. | How you will pay the fee | | about how yo | ou may pay. Typio attorney is subm | cally, if you are paying the fee ye | ck with the clerk's office in your local court for mo burself, you may pay with cash, cashier's check, alf, your attorney may pay with a credit card or c | or money | | |
| | | | | | Illments. If you choose this opti (Official Form 103A). | on, sign and attach the Application for Individuals | s to Pay | | |
| | | | I request tha | at my fee be wai | ved (You may request this option | n only if you are filing for Chapter 7. By law, a jud | dge may, | | |
| | | | applies to yo | juired to, waive yo ur family size and | our fee, and may do so only if yo I you are unable to pay the fee i | our income is less than 150% of the official pover in installments). If you choose this option, you mu | ty line that ist fill out | | |
| | | | | | | cial Form 103B) and file it with your petition. | | | |
| | | | | | | | | | |
| 9. | Have you filed for bankruptcy within the last 8 years? | ■ N | lo. | | | | | | |
| | | ПΥ | es. | | | | | | |
| | | | District | | When | Case number | | | |
| | | | District | | When | Case number | | | |
| | | | District | | When | Case number | | | |
| | | | | | | | | | |
| 10. | Are any bankruptcy cases pending or being | ■ N | lo | | | | | | |
| | filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate? | ΠY | es. | | | | | | |
| | | | Debtor | | | Relationship to you | | | |
| | | | District | | When | Case number, if known | | | |
| | | | Debtor | | | Relationship to you | | | |
| | | | District | | When | Case number, if known | | | |
| | | | | | | | | | |
| 11. | Do you rent your residence? | ■ N | lo. Go to I | ine 12. | | | | | |
| | Toolaonoo . | ПΥ | es. Has yo | our landlord obtai | ned an eviction judgment agains | st you and do you want to stay in your residence | ? | | |
| | | | | No. Go to line 1 | 2. | | | | |
| | | | | Yes. Fill out <i>Init</i> bankruptcy petit | | Judgment Against You (Form 101A) and file it wi | ith this | | |
| | | | | | | | | | |

Document Page 4 of 50 Case number (if known) Debtor 1 Pamela M Edwards Part 3: Report About Any Businesses You Own as a Sole Proprietor 12. Are you a sole proprietor of any full- or part-time No. Go to Part 4. husiness? Name and location of business ☐ Yes. A sole proprietorship is a business you operate as Name of business, if any an individual, and is not a separate legal entity such as a corporation, partnership, or LLC. Number, Street, City, State & ZIP Code If you have more than one sole proprietorship, use a separate sheet and attach it to this petition. Check the appropriate box to describe your business: Health Care Business (as defined in 11 U.S.C. § 101(27A)) Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B)) Stockbroker (as defined in 11 U.S.C. § 101(53A)) Commodity Broker (as defined in 11 U.S.C. § 101(6)) None of the above 13. Are you filing under If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate Chapter 11 of the deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of **Bankruptcy Code and are** operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure you a small business in 11 U.S.C. 1116(1)(B). debtor? I am not filing under Chapter 11. No. For a definition of small business debtor, see 11 I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy ☐ No. U.S.C. § 101(51D). I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code. ☐ Yes. Part 4: Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention 14. Do you own or have any No. property that poses or is ☐ Yes. alleged to pose a threat of imminent and What is the hazard? identifiable hazard to public health or safety? Or do you own any If immediate attention is

Number, Street, City, State & Zip Code

needed, why is it needed?

Where is the property?

property that needs

immediate attention? For example, do you own perishable goods, or livestock that must be fed,

or a building that needs urgent repairs?

Debtor 1 Pamela M Edwards

Case number (if known)

15. Tell the court whether you have received a briefing about credit

counseling.

Part 5:

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

Explain Your Efforts to Receive a Briefing About Credit Counseling

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ I am not required to receive a briefing about credit counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| I am not required to receive a briefing about credit |
|--|
| counseling because of: |

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

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Document Case number (if known) Debtor 1 Pamela M Edwards Part 6: **Answer These Questions for Reporting Purposes** Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an 16. What kind of debts do 16a. you have? individual primarily for a personal, family, or household purpose." ☐ No. Go to line 16b. Yes. Go to line 17. 16b. Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment. ☐ No. Go to line 16c. ☐ Yes. Go to line 17. 16c. State the type of debts you owe that are not consumer debts or business debts 17. Are you filing under I am not filing under Chapter 7. Go to line 18. □ No. Chapter 7? Do you estimate that I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses Yes. after any exempt are paid that funds will be available to distribute to unsecured creditors? property is excluded and administrative expenses ■ No are paid that funds will be available for ☐ Yes distribution to unsecured creditors? 18. How many Creditors do 1-49 **1**,000-5,000 **1** 25,001-50,000 you estimate that you **5001-10,000 5**0,001-100,000 □ 50-99 owe? **1**0,001-25,000 ☐ More than 100,000 □ 100-199 **200-999** 19. How much do vou **\$0 - \$50,000** □ \$1,000,001 - \$10 million □ \$500,000,001 - \$1 billion estimate your assets to □ \$50,001 - \$100,000 □ \$10,000,001 - \$50 million □ \$1,000,000,001 - \$10 billion be worth? □ \$50,000,001 - \$100 million □ \$10,000,000,001 - \$50 billion **\$100,001 - \$500,000** □ \$100,000,001 - \$500 million ☐ More than \$50 billion □ \$500,001 - \$1 million 20. How much do you ■ \$0 - \$50.000 □ \$1,000,001 - \$10 million □ \$500,000,001 - \$1 billion estimate your liabilities □ \$50,001 - \$100,000 □ \$10,000,001 - \$50 million □ \$1,000,000,001 - \$10 billion to be? □ \$50,000,001 - \$100 million □ \$10,000,000,001 - \$50 billion **\$100,001 - \$500,000** □ \$100,000,001 - \$500 million ☐ More than \$50 billion □ \$500,001 - \$1 million Part 7: Sign Below For you I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct. If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7. If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b). I request relief in accordance with the chapter of title 11. United States Code, specified in this petition. I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. /s/ Pamela M Edwards Signature of Debtor 2 Pamela M Edwards Signature of Debtor 1 Executed on Executed on August 30, 2017 MM / DD / YYYY MM / DD / YYYY

Debtor 1 Pamela M Edwards Page 7 of 50 Case number (if known)

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

| /s/ Jacob Maegli | | Date | August 30, 2017 |
|-----------------------------|---------------|--------------|--------------------------|
| Signature of Attorne | ey for Debtor | | MM / DD / YYYY |
| | | | |
| Jacob Maegli | | | |
| Printed name | | | |
| Eric Pratt Law Fir | m P.C. | | |
| Firm name | | | |
| 5301 E. State St, | Ste 116 | | |
| Rockford, IL 6110 | 8 | | |
| Number, Street, City, State | e & ZIP Code | | |
| Contact phone 815-3 | 315-0683 E | mail address | rockford@jordanpratt.com |
| 6317153 | | | |
| Bar number & State | | | |

| | | Docume | ent Paue o ul si | <u> </u> | |
|---------------------|--------------------------|-------------------|------------------|----------|------------------------------------|
| Fill in this infor | mation to identify your | case: | | | |
| Debtor 1 | Pamela M Edward | s | | | |
| | First Name | Middle Name | Last Name | | |
| Debtor 2 | | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | | |
| United States Ba | ankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS | | |
| Case number | | | | | |
| (if known) | | | | | Check if this is an amended filing |

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

2/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

| | | Your a | ssets of what you own |
|------------|---|-------------|--------------------------|
| 1. | Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B | \$ | 160,000.00 |
| | 1b. Copy line 62, Total personal property, from Schedule A/B | \$ | 2,250.00 |
| | 1c. Copy line 63, Total of all property on Schedule A/B | \$ | 162,250.00 |
| Pai | rt 2: Summarize Your Liabilities | | |
| | | | abilities at you owe |
| 2. | Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D | \$ | 170,000.00 |
| 3. | Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F | \$ | 0.00 |
| | 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F | \$ | 18,094.00 |
| | Your total liabilities | \$ | 188,094.00 |
| Pai | rt 3: Summarize Your Income and Expenses | | |
| ŀ. | Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I | \$ | 2,867.00 |
| 5. | Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J | \$ | 2,886.00 |
| Pai | rt 4: Answer These Questions for Administrative and Statistical Records | | |
| S . | Are you filing for bankruptcy under Chapters 7, 11, or 13? No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you | ır other sc | hedules. |
| 7. | ■ Yes What kind of debt do you have? | | |

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to

the court with your other schedules.

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| 8. | From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form |
|----|--|
| | 122A-1 Line 11; OR , Form 122B Line 11; OR , Form 122C-1 Line 14. |

3,970.00 \$

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

| | Total clai | im |
|--|------------|------|
| From Part 4 on Schedule E/F, copy the following: | | |
| 9a. Domestic support obligations (Copy line 6a.) | \$ | 0.00 |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.) | \$ | 0.00 |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) | \$ | 0.00 |
| 9d. Student loans. (Copy line 6f.) | \$ | 0.00 |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$ | 0.00 |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.) | +\$ | 0.00 |
| 9g. Total. Add lines 9a through 9f. | \$ | 0.00 |

| | Ca | ase 17-8205 | 0 Doc 1 | _ | 08/30/17 ument | Page 10 of 50 | 7 14:35:32 | Desc | c Main |
|-------------|--------------------------|---------------------------------|------------------------|-----------|---------------------------------------|---|-------------------------------------|------------|--|
| Fill | n this infor | mation to identify | your case and t | | | 1 446 10 01 30 | | | |
| Deb | tor 1 | Pamela M E | dwards | | | | | | |
| | | First Name | | le Name | | Last Name | | | |
| | tor 2 ise, if filing) | First Name | Midd | le Name | | Last Name | | | |
| Init | ed States Ba | ankruptcy Court fo | rthe: NORTHE | RN DIST | RICT OF ILLIN | NOIS | | | |
| | | arm aproy Court 10 | | | 11101 01 12211 | 10.0 | | | |
| Cas | e number _ | | | | | _ | | | Check if this is an amended filing |
| | | | | | | | | | amended ming |
| → tt | ioial Ec | rm 106 \ /E | . | | | | | | |
| | | orm 106A/E | _ | | | | | | |
| | | <u>le A/B: P</u> | | | | | | | 12/15 |
| | | | | | | an asset fits in more than one are filing together, both are | | | |
| nforr | nation. If mo | re space is needed, | | | | e top of any additional pages | | | |
| nsw | er every que | stion. | | | | | | | |
| Part | 1: Describe | Each Residence, E | Building, Land, or O | ther Real | Estate You Ow | n or Have an Interest In | | | |
| . Do | you own or | have any legal or ed | quitable interest in | any resid | ence, building, | land, or similar property? | | | |
| _ | No. Go to Pa | | | • | , 3, | , , , | | | |
| | | | | | | | | | |
| - | Yes. Where | is the property? | | | | | | | |
| | | | | | | | | | |
| 1.1 | | | | What | ic the property | 2 Charle all that apply | | | |
| 1.1 | 2919 Cas | tle Rd | | wnat | | /? Check all that apply | 5 | | |
| | | , if available, or other de | scription | . = | Single-family has buplex or multiplex | | | | ns or exemptions. Put claims on <i>Schedule D:</i> |
| | | | | | • | or cooperative | Creditors Who Ha | ve Claims | Secured by Property. |
| | | | | | | · | | | |
| | Mondatas | sle II | 60008 0000 | | | or mobile home | Current value of | | Current value of the |
| | Woodstoo | k IL State | 60098-0000 ZIP Code | . 🛚 | Land Investment pro | onerty | entire property? \$160,000 | | portion you own? \$160,000.00 |
| | Oily | Otato | 211 0000 | | Timeshare | орону | | | . , |
| | | | | | Other | | (such as fee sim | ole, tenan | r ownership interest cy by the entireties, or |
| | | | | | | in the property? Check one | a life estate), if ke Fee simple | nown. | |
| | McHenry | | | | Debtor 1 only Debtor 2 only | | 1 cc simple | | |
| | County | | | | | Debtor 2 only | | | |
| | | | | | | f the debtors and another | Check if this (see instruction | | unity property |
| | | | | | - | ou wish to add about this iter | n, such as local | | |
| | | | | prop | erty identification | on number: | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | rom Part 1, including any | | | \$160,000.00 |
| Part | 2: Describe | Your Vehicles | | | | | | | |
| | | | | | | advertiges the second second | | | |
| | | | | | | whether they are registere xecutory Contracts and Une | | any vehi | icles you own that |
| | | • | • | | | • | • | | |
| | ai S, ValiS, II | rucks, tractors, s _l | Joil utility verilcit | -s, moto | n cycles | | | | |

■ No

☐ Yes

Case 17-82050 Doc 1 Filed 08/30/17 Entered 08/30/17 14:35:32 Desc Main Document Page 11 of 50 Case number (if known) Debtor 1 Pamela M Edwards 4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories No ☐ Yes 5 Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for \$0.00 pages you have attached for Part 2. Write that number here..... Part 3: Describe Your Personal and Household Items Do you own or have any legal or equitable interest in any of the following items? Current value of the portion you own? Do not deduct secured claims or exemptions. 6. Household goods and furnishings Examples: Major appliances, furniture, linens, china, kitchenware □ No ■ Yes. Describe..... Older Household furniture & personal belongings \$1,500.00 7. Electronics Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games □ No Yes. Describe..... Tv, Computers, Cell phones, and other electronic devices \$300.00 8. Collectibles of value Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles ■ No ☐ Yes. Describe..... 9. Equipment for sports and hobbies Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments ■ No ☐ Yes. Describe..... 10. Firearms Examples: Pistols, rifles, shotguns, ammunition, and related equipment ■ No ☐ Yes. Describe..... 11. Clothes Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories □ No Yes. Describe..... Necessary wearing apparel \$200.00 12. Jewelry Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver Yes. Describe..... \$100.00 Various Costume Jewelry

Case number (if known) Debtor 1 Pamela M Edwards 13. Non-farm animals Examples: Dogs, cats, birds, horses No ☐ Yes. Describe..... 14. Any other personal and household items you did not already list, including any health aids you did not list ■ No ☐ Yes. Give specific information..... 15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached \$2,100.00 for Part 3. Write that number here Part 4: Describe Your Financial Assets Do you own or have any legal or equitable interest in any of the following? Current value of the portion you own? Do not deduct secured claims or exemptions. 16. Cash Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition ■ No ☐ Yes..... 17. Deposits of money Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each. ☐ No Institution name: Yes..... \$100.00 First National Bank 17.1. Checking First National Bank \$50.00 17.2. Savings 18. Bonds, mutual funds, or publicly traded stocks Examples: Bond funds, investment accounts with brokerage firms, money market accounts ■ No ☐ Yes..... Institution or issuer name: 19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture ■ No ☐ Yes. Give specific information about them..... Name of entity: % of ownership: 20. Government and corporate bonds and other negotiable and non-negotiable instruments Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders. Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them. ☐ Yes. Give specific information about them Issuer name: 21. Retirement or pension accounts Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans □ No Yes. List each account separately. Type of account: Institution name: 401(k) Through Employer Unknown

page 3

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Case number (if known) Document Debtor 1 Pamela M Edwards 22. Security deposits and prepayments

| | | sed deposits you have made so that nts with landlords, prepaid rent, publi | | e or use from a company ater), telecommunications companies | , or others |
|-----|---|---|-------------------------------|---|---|
| _ | ■ No | | Institution name or indiv | idual: | |
| L | ☐ Yes | | mstitution name of mark | nuuai. | |
| _ | Annuities (A contract ■ No | for a periodic payment of money to | you, either for life or for a | number of years) | |
| | | Issuer name and description. | | | |
| 2 | 26 U.S.C. §§ 530(b)(1 | ntion IRA, in an account in a qualif), 529A(b), and 529(b)(1). | ied ABLE program, or ur | nder a qualified state tuition progra | ım. |
| | ■ No □ Yes | Institution name and description. Se | parately file the records of | f any interests.11 U.S.C. § 521(c): | |
| I | No | | than anything listed in li | ine 1), and rights or powers exerci | sable for your benefit |
| | ■ res. Give specific | information about them | | | |
| | Examples: Internet de | trademarks, trade secrets, and ot omain names, websites, proceeds fr | | | |
| | ■ No □ Yes. Give specific | information about them | | | |
| _ | | s, and other general intangibles ermits, exclusive licenses, cooperati | ve association holdings, li | iquor licenses, professional licenses | |
| | Yes. Give specific i | information about them | | | |
| Моі | ney or property owe | d to you? | | | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| | Tax refunds owed to | you | | | |
| | No | | | | |
| L | → Yes. Give specific ii | nformation about them, including wh | ether you already filed the | returns and the tax years | |
| • | Family support Examples: Past due No Yes. Give specific in | | ort, child support, maintena | ance, divorce settlement, property set | tlement |
| | | | | ly, vacation pay, workers' compensal | tion, Social Security |
| | Yes. Give specific i | information | | | |
| _ | Interests in insurance Examples: Health, dis | | ngs account (HSA); credit | , homeowner's, or renter's insurance | |
| | Yes. Name the insu | rance company of each policy and li | st its value. | | |
| | | Company name: | | Beneficiary: | Surrender or refund value: |
| | | Employer Provided Term | Life Policy | | \$0.00 |

Official Form 106A/B Schedule A/B: Property page 4

Case 17-82050 Doc 1 Filed 08/30/17 Entered 08/30/17 14:35:32 Document Page 14 of 50 Case number (if known) Debtor 1 Pamela M Edwards 32. Any interest in property that is due you from someone who has died If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died. No ☐ Yes. Give specific information.. 33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment Examples: Accidents, employment disputes, insurance claims, or rights to sue ■ No ☐ Yes. Describe each claim....... 34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims No ☐ Yes. Describe each claim....... 35. Any financial assets you did not already list ■ No ☐ Yes. Give specific information.. 36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached \$150.00 for Part 4. Write that number here..... Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1. 37. Do you own or have any legal or equitable interest in any business-related property? No. Go to Part 6. ☐ Yes. Go to line 38. Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In. If you own or have an interest in farmland, list it in Part 1. 46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property? No. Go to Part 7 ☐ Yes. Go to line 47. Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above 53. Do you have other property of any kind you did not already list? Examples: Season tickets, country club membership No ☐ Yes. Give specific information....... 54. Add the dollar value of all of your entries from Part 7. Write that number here \$0.00 List the Totals of Each Part of this Form

55. Part 1: Total real estate, line 2 \$160,000.00 56. Part 2: Total vehicles, line 5 \$0.00 57. Part 3: Total personal and household items, line 15 \$2,100.00 58. Part 4: Total financial assets, line 36 \$150.00 59. Part 5: Total business-related property, line 45 \$0.00 60. Part 6: Total farm- and fishing-related property, line 52 \$0.00 61. Part 7: Total other property not listed, line 54 \$0.00 62. Total personal property. Add lines 56 through 61... Copy personal property total \$2,250.00 \$2,250.00

63. Total of all property on Schedule A/B. Add line 55 + line 62

\$162,250.00

| | | DOGGIIIC | T date 10 or co | |
|---|-------------------------|-------------------|-----------------|--------------------------------------|
| Fill in this infor | mation to identify your | case: | | |
| Debtor 1 | Pamela M Edward | ls | | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States Bankruptcy Court for the: | | NORTHERN DISTRICT | OF ILLINOIS | |
| Case number | | | | |
| (if known) | | | | ☐ Check if this is an amended filing |

Official Form 106C

Schedule C: The Property You Claim as Exempt

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1: Identify the Property You Claim as Exempt

- 1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.
 - You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
 - ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)
- 2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

| Brief description of the property and line on Schedule A/B that lists this property | Current value of the portion you own | Amount of the exemption you claim Specific laws that allow exemption |
|--|--------------------------------------|--|
| | Copy the value from Schedule A/B | Check only one box for each exemption. |
| Older Household furniture & personal belongings | \$1,500.00 | \$1,500.00 735 ILCS 5/12-1001(b) |
| Line from <i>Schedule A/B</i> : 6.1 | | 100% of fair market value, up to any applicable statutory limit |
| Tv, Computers, Cell phones, and other electronic devices | \$300.00 | \$300.00 735 ILCS 5/12-1001(b) |
| Line from <i>Schedule A/B</i> : 7.1 | | ☐ 100% of fair market value, up to any applicable statutory limit |
| Necessary wearing apparel Line from Schedule A/B: 11.1 | \$200.00 | \$200.00 735 ILCS 5/12-1001(a) |
| Ellio IIolii osilodale 702. TTT | | 100% of fair market value, up to any applicable statutory limit |
| Various Costume Jewelry Line from Schedule A/B: 12.1 | \$100.00 | \$100.00 735 ILCS 5/12-1001(b) |
| | | 100% of fair market value, up to any applicable statutory limit |
| Checking: First National Bank Line from Schedule A/B: 17.1 | \$100.00 | \$100.00 735 ILCS 5/12-1001(b) |
| Elle Helli Genedale FVD. 17.1 | | 100% of fair market value, up to any applicable statutory limit |

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Case number (if known)

| | | | , |
|--|---|--|---|
| Brief description of the property and line on Schedule A/B that lists this property Savings: First National Bank Line from Schedule A/B: 17.2 | | Current value of the portion you own Copy the value from Schedule A/B | Amount of the exemption you claim Specific laws that allow exemption Check only one box for each exemption. |
| | | \$50.00 | \$50.00 To the statutory limit \$50.00 To the statutory limit \$735 ILCS 5/12-1001(b) |
| | 01(k): Through Employer ne from <i>Schedule A/B</i> : 21.1 | Unknown | ■ 100% 735 ILCS 5/12-1006 100% of fair market value, up to any applicable statutory limit |
| | No | 3 years after that for ca | 5? ases filed on or after the date of adjustment.) ithin 1,215 days before you filed this case? |

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|--|--|--------------------|--|--|-----------------------------|
| Fill in this information to identify you | ur case: | | | | |
| Debtor 1 Pamela M Edwa | rds Middle Name | Last Name | | | |
| Debtor 2 | | | | | |
| (Spouse if, filing) First Name | Middle Name | Last Name | | | |
| United States Bankruptcy Court for the | : NORTHERN DISTRICT OF ILL | INOIS | | | |
| Case number | | | | _ | if this is an led filing |
| Official Form 106D | | | | | |
| Schedule D: Creditors | Who Have Claims S | Secured | by Property | 1 | 12/15 |
| Yes. Fill in all of the information | out, number the entries, and attach it to y your property? his form to the court with your other | o this form. On | the top of any addition | al pages, write your nar | |
| Part 1: List All Secured Claims | | | Column A | Column B | Column C |
| List all secured claims. If a creditor has for each claim. If more than one creditor has much as possible, list the claims in alphabet | s a particular claim, list the other creditors | in Part 2. As | Amount of claim Do not deduct the value of collateral. | Value of collateral that supports this claim | Unsecured portion |
| 2.1 Wells Fargo Hm Mortgag | Describe the property that secures the | he claim: | \$170,000.00 | \$160,000.00 | \$10,000.00 |
| Creditor's Name | 2919 Castle Rd Woodstock, IL McHenry County | . 60098 | | | |
| Po Box 10335 Des Moines, IA 50306 Number, Street, City, State & Zip Code | As of the date you file, the claim is: (apply. Contingent Unliquidated Disputed | Check all that | | | |
| Who owes the debt? Check one. | Nature of lien. Check all that apply. | | | | |
| Debtor 1 only Debtor 2 only | An agreement you made (such as n car loan) | | red | | |
| Debtor 1 and Debtor 2 only | Statutory lien (such as tax lien, med | hanic's lien) | | | |
| ☐ At least one of the debtors and another☐ Check if this claim relates to a community debt | ☐ Judgment lien from a lawsuit☐ Other (including a right to offset) | | | | |

Add the dollar value of your entries in Column A on this page. Write that number here:

\$170,000.00

If this is the last page of your form, add the dollar value totals from all pages.

Write that number here:

\$170,000.00

Last 4 digits of account number

Part 2: List Others to Be Notified for a Debt That You Already Listed

Opened 11/20/09 Last Active

Date debt was incurred 6/02/16

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

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Page 18 of 50 Document Fill in this information to identify your case: Debtor 1 Pamela M Edwards Middle Name Last Name First Name Debtor 2 First Name Middle Name Last Name (Spouse if, filing) United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS Case number (if known) ☐ Check if this is an amended filing Official Form 106E/F Schedule E/F: Creditors Who Have Unsecured Claims Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. If you have no information to report in a Part, do not file that Part. On the top of any additional pages, write your name and case number (if known). Part 1: List All of Your PRIORITY Unsecured Claims Do any creditors have priority unsecured claims against you? No. Go to Part 2. ☐ Yes. List All of Your NONPRIORITY Unsecured Claims Part 2: 3. Do any creditors have nonpriority unsecured claims against you? ☐ No. You have nothing to report in this part. Submit this form to the court with your other schedules. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.lf you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2. **Total claim** 4.1 Algonquin Family Heathcare Last 4 digits of account number \$135.00 Nonpriority Creditor's Name 2220 Huntington Dr. N When was the debt incurred? Algonquin, IL 60102 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only □ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts

☐ Yes

Other. Specify medical

Document Page 19 of 50 Debtor 1 Pamela M Edwards Case number (if know) 4.2 Capital One Last 4 digits of account number 2980 \$0.00 Nonpriority Creditor's Name Attn: Bankruptcy Opened 4/04/05 Last Active Po Box 30253 When was the debt incurred? 11/30/14 Salt Lake City, UT 84130 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated ☐ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community $\hfill\square$ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Credit Card ☐ Yes 4.3 Centegra Health System Last 4 digits of account number \$160.00 Nonpriority Creditor's Name Box 6204 When was the debt incurred? Carol Stream, IL 60197 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: \square At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify medical ☐ Yes 4.4 Comenity Bank/Express \$0.00 Last 4 digits of account number 5281 Nonpriority Creditor's Name Attn: Bankruptcy Opened 10/04 Last Active Po Box 182125 When was the debt incurred? 10/13/10 Columbus, OH 43218 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community

debt

■ No

☐ Yes

Is the claim subject to offset?

report as priority claims

■ Other. Specify Charge Account

☐ Obligations arising out of a separation agreement or divorce that you did not

☐ Debts to pension or profit-sharing plans, and other similar debts

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Debtor 1 Pamela M Edwards Case number (if know) 4.5 Comenity Bank/nwyrk&co Last 4 digits of account number 6619 \$0.00 Nonpriority Creditor's Name Opened 12/04 Last Active 220 W Schrock Rd When was the debt incurred? 10/06/09 Westerville, OH 43081 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent ■ Unliquidated Debtor 2 only Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes ■ Other. Specify Charge Account 4.6 **Diversified Consultant** Last 4 digits of account number \$133.00 3486 Nonpriority Creditor's Name When was the debt incurred? **Opened 11/16** Dci Po Box 551268 Jacksonville, FL 32255 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated ☐ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ☐ Yes Collection Attorney Att U-Verse Other. Specify 4.7 Harris & Harris Last 4 digits of account number \$0.00 Nonpriority Creditor's Name 111 West Jackson Blvd Suite 400 When was the debt incurred? Chicago, IL 60604 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated ☐ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt $\hfill\square$ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims $\hfill\square$ Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes Other. Specify notice

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Case number (if know)

| Debtor | 1 Pamela M Edwards | | Case number (if know) | |
|--------|--|--|--|----------|
| 4.8 | Mchenry Svbk Nonpriority Creditor's Name | Last 4 digits of account number | 4769 | \$0.00 |
| | 353 Bank Drive Mc Henry, IL 60051 | When was the debt incurred? | Opened 6/13/09 Last Active 2/28/14 | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | s: Check all that apply | |
| | Debtor 1 only | ☐ Contingent | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | \square At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| | ☐ Check if this claim is for a community | Student loans | | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| | Yes | Other. Specify Secured | | |
| 4.9 | Mercy Health Systems Nonpriority Creditor's Name | Last 4 digits of account number | | \$600.00 |
| | Box 5003 Janesville, WI 53547 | When was the debt incurred? | | |
| | Number Street City State Zlp Code | As of the date you file, the claim | s: Check all that apply | |
| | Who incurred the debt? Check one. | | | |
| | ■ Debtor 1 only | ☐ Contingent | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| | Yes | Other. Specify medical | | |
| 4.1 | Novas & Assoc | Lock 4 digita of account mumber | | \$205.00 |
| 0 | Nonpriority Creditor's Name | Last 4 digits of account number | | Ψ200.00 |
| | 600 Hart Rd Suite 310 Barrington, IL 60010 | When was the debt incurred? | | |
| | Number Street City State Zlp Code | As of the date you file, the claim | s: Check all that apply | |
| | Who incurred the debt? Check one. | | | |
| | Debtor 1 only | ☐ Contingent | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | \square At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| | Yes | ■ Other. Specify medical | | |

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Case number (if know)

| Fameia ivi Euwarus | Case Humber (II know) | |
|---|--|---|
| Pan Am Coll | Last 4 digits of account number 7959 | \$206.00 |
| Nonpriority Creditor's Name Po Box 5528 | When was the debt incurred? Opened 1/17/17 | |
| Bloomington, IL 61702 Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| Debtor 1 only | ☐ Contingent | |
| Debtor 2 only | □ Unliquidated | |
| | _ ' | |
| • | Type of NONPRIORITY unsecured claim: | |
| | ☐ Student loans | |
| debt Is the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| ■ No | Debts to pension or profit-sharing plans, and other similar debts | |
| Yes | ■ Other. Specify Novas Dohr Coll | |
| Portfolio Recovery | Last 4 digits of account number 1253 | \$779.00 |
| 120 Corporate Blvd Ste 1 | When was the debt incurred? Opened 04/15 | |
| Number Street City State Zlp Code | As of the date you file, the claim is: Check all that apply | |
| Who incurred the debt? Check one. | | |
| Debtor 1 only | ☐ Contingent | |
| ☐ Debtor 2 only | ☐ Unliquidated | |
| ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | |
| \square At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| \square Check if this claim is for a community | ☐ Student loans | |
| debt Is the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| ■ No | Debts to pension or profit-sharing plans, and other similar debts | |
| Yes | Factoring Company Account Capital One Bank Usa N.A. | |
| PRA Behavioral | Last 4 digits of account number | \$510.00 |
| 1701 E. Woodfield Rd Suite 1000 | When was the debt incurred? | |
| Number Street City State Zlp Code | As of the date you file, the claim is: Check all that apply | |
| Who incurred the debt? Check one. | | |
| Debtor 1 only | ☐ Contingent | |
| ☐ Debtor 2 only | ☐ Unliquidated | |
| ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | |
| \square At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| Check if this claim is for a community | | |
| debt Is the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| ■ No | \square Debts to pension or profit-sharing plans, and other similar debts | |
| ☐ Yes | ■ Other. Specify medical | |
| | Pan Am Coll Nonpriority Creditor's Name Po Box 5528 Bloomington, IL 61702 Number Street City State Zlp Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No Yes Portfolio Recovery Nonpriority Creditor's Name 120 Corporate Blvd Ste 1 Norfolk, VA 23502 Number Street City State Zlp Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No Yes PRA Behavioral Nonpriority Creditor's Name 1701 E. Woodfield Rd Suite 1000 Schaumburg, IL 60173 Number Street City State Zlp Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Least one of the debtors and another Check if this claim is for a community debt At least one of the debtors and another Check if this claim is for a community debt Least one of the debtors and another Check if this claim is for a community debt Least one of the debtors and another Check if this claim is for a community debt Least one of the debtors and another Check if this claim is for a community debt Least one of the debtors and another | Nonpriority Creditor's Name Po Box 5528 When was the debt incurred? Opened 1/17/17 Bloomington, IL 61702 Number Street City State 2/D Code When was the debt incurred? Opened 1/17/17 Bloomington, IL 61702 As of the date you file, the claim is: Check all that apply When was the debt incurred? Opened 1/17/17 Bloomington, IL 61702 As of the date you file, the claim is: Check all that apply Opened 1/17/17 Bloomington Opened 1/17/17 Opened 1/17/17 Bloomington Opened 1/17/17 Bloomington |

| Radiological Consultants of Woodsto | Last 4 digits of account number | | \$5 | |
|---|---|--|------------|--|
| Nonpriority Creditor's Name 9410 Compubill Dr Orland Park, IL 60462 | When was the debt incurred? | | | |
| Number Street City State Zlp Code | As of the date you file, the claim | is: Check all that apply | | |
| Who incurred the debt? Check one. | | | | |
| Debtor 1 only | ☐ Contingent | | | |
| Debtor 2 only | ☐ Unliquidated | | | |
| Debtor 1 and Debtor 2 only | ☐ Disputed | ☐ Disputed | | |
| At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | | |
| Check if this claim is for a community | ☐ Student loans | | | |
| debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | | |
| ■ No | Debts to pension or profit-sharing | ng plans, and other similar debts | | |
| Yes | Other. Specify medical | 5 1 · · · · · · · · · · · · · · · · · · · | | |
| | | 4000 | | |
| Santander Consumer USA Nonpriority Creditor's Name | Last 4 digits of account number | 1000 | \$14,88 | |
| | | Opened 09/13 Last Active | | |
| Po Box 961275 Fort Worth, TX 76161 | When was the debt incurred? | 8/19/16 | | |
| Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | | |
| Debtor 1 only | ☐ Contingent | | | |
| ☐ Debtor 2 only | ☐ Unliquidated | | | |
| Debtor 1 and Debtor 2 only | ☐ Disputed | | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | | |
| Check if this claim is for a community | Student loans | | | |
| debt Is the claim subject to offset? | Obligations arising out of a separe report as priority claims | aration agreement or divorce that you did not | | |
| ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | | |
| □ Yes | Other. Specify repo | | | |
| St. Alexius Medical | Last 4 digits of account number | | \$250 | |
| Nonpriority Creditor's Name 22589 Network Place | When was the debt incurred? | | 4_0 | |
| Chicago, IL 60673 | | | | |
| Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | | |
| ■ Debtor 1 only | ☐ Contingent | | | |
| Debtor 2 only | ☐ Unliquidated | | | |
| Debtor 1 and Debtor 2 only | ☐ Disputed | | | |
| At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | | |
| ☐ Check if this claim is for a community | ☐ Student loans | | | |
| debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | | |
| ■ No | Debts to pension or profit-sharing | ng plans, and other similar debts | | |
| □ Yes | ■ Other. Specify medical | | | |

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| Debto | r 1 Pameia M Edwards | | Case number (if know) | |
|----------|---|--|--|----------|
| 4.1 | Stanislaus Credit Control Service, Inc. | Last 4 digits of account number | 86N1 | \$180.00 |
| | Nonpriority Creditor's Name Po Box 480 | When was the debt incurred? | Opened 12/19/12 | |
| | Modesto, CA 95353 Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | s: Check all that apply | |
| | Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| | ☐ At least one of the deptors and another ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | _ | ration agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-sharin | g plans, and other similar debts | |
| | ☐ Yes | ■ Other. Specify Cepamerica | | |
| | | · | | |
| 4.1 8 | Verizon | Last 4 digits of account number | 0001 | \$0.00 |
| | Nonpriority Creditor's Name Verizon Wireless Bankruptcy Administrati 500 Tecnolgy Dr Ste 500 | When was the debt incurred? | Opened 04/06 Last Active 12/30/14 | |
| | Weldon Springs, MO 63304 Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | s: Check all that apply | |
| | Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| | Yes | Other. Specify | | |
| 4.1 9 | Worlds Foremost Bank | Last 4 digits of account number | 4846 | \$0.00 |
| | Nonpriority Creditor's Name 4800 Nw 1st St Ste 300 Lincoln, NE 68521 | When was the debt incurred? | Opened 11/20/07 Last Active 5/06/12 | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | |
| | Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| | ☐ Check if this claim is for a community | Student loans | | |
| | debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| | ☐ Yes | ■ Other. Specify Credit Card | | |

Part 3: List Others to Be Notified About a Debt That You Already Listed

^{5.} Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you

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Debtor 1 Pamela M Edwards

Case number (if know)

have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

| | | | T | otal Claim |
|-----|---|--|--|--|
| 6a. | Domestic support obligations | 6a. | \$ | 0.00 |
| | | | | |
| 6b. | Taxes and certain other debts you owe the government | 6b. | \$ | 0.00 |
| 6c. | Claims for death or personal injury while you were intoxicated | 6c. | \$ | 0.00 |
| 6d. | Other. Add all other priority unsecured claims. Write that amount here. | 6d. | \$ | 0.00 |
| 6e. | Total Priority. Add lines 6a through 6d. | 6e. | \$ | 0.00 |
| | | | Т | otal Claim |
| 6f. | Student loans | 6f. | \$ | 0.00 |
| | | | | |
| 6g. | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 6g. | \$ | 0.00 |
| 6h. | Debts to pension or profit-sharing plans, and other similar debts | 6h. | \$ | 0.00 |
| 6i. | Other. Add all other nonpriority unsecured claims. Write that amount here. | 6i. | \$ | 18,094.00 |
| 6j. | Total Nonpriority. Add lines 6f through 6i. | 6j. | \$ | 18,094.00 |
| | 6b. 6c. 6d. 6e. 6f. 6g. 6h. | 6b. Taxes and certain other debts you owe the government 6c. Claims for death or personal injury while you were intoxicated 6d. Other. Add all other priority unsecured claims. Write that amount here. 6e. Total Priority. Add lines 6a through 6d. 6f. Student loans 6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims 6h. Debts to pension or profit-sharing plans, and other similar debts 6i. Other. Add all other nonpriority unsecured claims. Write that amount here. | 6b. Taxes and certain other debts you owe the government 6c. Claims for death or personal injury while you were intoxicated 6d. Other. Add all other priority unsecured claims. Write that amount here. 6d. 6e. Total Priority. Add lines 6a through 6d. 6e. 6f. Student loans 6f. 6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims 6h. Debts to pension or profit-sharing plans, and other similar debts 6i. Other. Add all other nonpriority unsecured claims. Write that amount here. 6d. | 6a. Commestic support obligations 6a. Commestic support obligations 6b. Commestic support obligations 6c. Commestic support obligations 6d. Commestic support obligations 6d. Commestic support obligations 6d. Commestic support obligations where debts you owe the government 6d. Commestic support obligations while you were intoxicated 6c. Commestic support obligations while you were intoxicated 6d. Commestic support obligations while you were intoxicated 6d. Commestic support obligations white that amount here. 6d. Commestic support obligations |

| | | Bodame | 11 1 440 20 01 00 | |
|---|-------------------------|-------------------|-------------------|--|
| Fill in this infor | mation to identify your | case: | | |
| Debtor 1 | Pamela M Edward | IS Middle Name | Last Name | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States Bankruptcy Court for the: | | NORTHERN DISTRICT | OF ILLINOIS | |
| Case number | | | | |
| (if known) | | | | |
| | | | | |

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

| | Person or | Company with Name, Number | whom you have the street, City, State and ZIF | e contract or lease Code | State what the contract or lease is for |
|-----|-----------|------------------------------|---|-----------------------------|---|
| 2.1 | | | | | |
| | Name | | | | |
| | Number | Street | | | <u> </u> |
| | City | | State | ZIP Code | <u> </u> |
| 2.2 | | | | | |
| | Name | | | | |
| | Number | Street | | | _ |
| | City | | State | ZIP Code | _ |
| 2.3 | | | | | |
| | Name | | | | |
| | Number | Street | | | <u> </u> |
| | City | | State | ZIP Code | _ |
| 2.4 | | | | | |
| | Name | | | | _ |
| | Number | Street | | | _ |
| | City | | State | ZIP Code | _ |
| 2.5 | | | | | |
| | Name | | | | |
| | Number | Street | | | <u></u> |
| | City | | State | ZIP Code | |

| | | Docume | ent Page 27 o | of 50 |
|------------------------|---|-------------------------------|-------------------------|---|
| Fill in this | information to identify your | case: | | |
| Debtor 1 | Pamela M Edward | e e | | |
| 20210 | First Name | Middle Name | Last Name | |
| Debtor 2 | | | | |
| (Spouse if, fili | ng) First Name | Middle Name | Last Name | |
| United Sta | tes Bankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS | |
| Caaa a | hor | | | |
| Case num (if known) | | | | ☐ Check if this is an |
| | | | | amended filing |
| | | | | |
| Officia | l Form 106H | | | |
| Sched | lule H: Your Cod | ebtors | | 12/15 |
| | | | | 12.10 |
| our name | nd number the entries in the and case number (if known) you have any codebtors? (If y | . Answer every question | | o this page. On the top of any Additional Pages, write as a codebtor. |
| _ | | | | |
| ■ No | | | | |
| ☐ Yes | 3 | | | |
| | hin the last 8 years, have you a, California, Idaho, Louisiana, | | | y? (Community property states and territories include ington, and Wisconsin.) |
| ■ No. | Go to line 3. | | | |
| _ | s. Did your spouse, former spou | ise, or legal equivalent live | e with you at the time? | |
| | | , 0 1 | , | |
| in line Form | 2 again as a codebtor only it | f that person is a guaran | tor or cosigner. Make s | if your spouse is filing with you. List the person show sure you have listed the creditor on Schedule D (Offici 6G). Use Schedule D, Schedule E/F, or Schedule G to f |
| | Column 1: Your codebtor Name, Number, Street, City, State and ZI | P Code | | Column 2: The creditor to whom you owe the debt Check all schedules that apply: |
| 3.1 | | | | ☐ Schedule D, line |
| | Name | | | Schedule E/F, line |
| | | | | ☐ Schedule G, line |
| _ | | | | |
| | Number Street City | State | ZIP Code | |
| | o.i.j | Ciaio | 2 0000 | |
| | | | | _ |
| 3.2 | Nama | | | Schedule D, line |
| | Name | | | ☐ Schedule E/F, line |
| | | | | ☐ Schedule G, line |
| | Number Street | 04-4- | ZIP Code | _ |
| | L.ITV/ | State | ALP COME | |

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| Fill | in this information t | o identify your ca | ase: | | | | | | | | |
|--------------------|--|-----------------------------------|---|---|-----------------------|----------------|--|----------------|---------------------|----------------------------|-----------------|
| Deb | otor 1 | Pamela M Ed | dwards | | | _ | | | | | |
| | otor 2 buse, if filing) | | | | | _ | | | | | |
| Uni | ted States Bankrup | tcy Court for the | NORTHERN DISTRIC | T OF ILLINOIS | | _ | | | | | |
| | se number | | | | | | Check if this is: An amende A supplement 13 income a | d filin | owing p | | • |
| 0 | fficial Form | 106I | | | | | MM / DD/ Y | YYY | | | |
| S | chedule I: | Your Inc | ome | | | | , 22, 1 | | | | 12/15 |
| sup spo atta | plying correct info use. If you are sep ch a separate shee | rmation. If you arated and you | sible. If two married peo are married and not filir r spouse is not filing wi On the top of any addition | ng jointly, and your s th you, do not includ | spouse i de inforr | s liv natio | ing with you, inclu on about your spo | ude ir use. | nforma If more | tion about e space is i | your needed, |
| 1. | Fill in your employment information. | | | Debtor 1 | | | Debtor 2 | or no | on-filin | ig spouse | |
| | If you have more attach a separate information about | page with | Employment status | ■ Employed□ Not employed | | | ☐ Emplo | • | ed | | |
| | employers. | | Occupation | hair stylist | | | | | | | |
| | Include part-time, self-employed wo | | Employer's name | Salon 37 | | | | | | | |
| | Occupation may i or homemaker, if | | Employer's address | | | | | | | | |
| | | | How long employed th | nere? 10 years | 3 | | | | | | |
| Par | t 2: Give De | tails About Mor | thly Income | | | | | | | | |
| spou If yo | use unless you are | separated. spouse have mo | ate you file this form. If y | · · | | | | | | · | J |
| nore | e space, attach a se | eparate sheet to | this form. | | | | 5 5 17 7 | _ | 5.14 | | |
| | | | | | | | For Debtor 1 | | r Debte n-filing | or 2 or g spouse | |
| 2. | | | ry, and commissions (be calculate what the monthly | | 2. | \$ | 3,385.00 | \$_ | | N/A | |
| 3. | Estimate and list | t monthly overt | me pay. | | 3. | +\$ | 0.00 | +\$ | | N/A | |
| 4. | Calculate gross | Income. Add lir | ne 2 + line 3. | | 4. | \$ | 3,385.00 | \$ | 3 | N/A | |

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| Deb | tor 1 | Pamela M Edwards | _ | (| Case | number (if known) | | | | |
|-----|---------------|--|----------------|----------------|-----------|-------------------|--------|--------------------|------------------|-----------------|
| | | | | | For | r Debtor 1 | | Debtor filing s | | |
| | Сор | y line 4 here | 4. | | \$_ | 3,385.00 | \$ | | N/A | |
| 5. | List | all payroll deductions: | | | | | | | | |
| | 5a. | Tax, Medicare, and Social Security deductions | 5a | ١. | \$ | 748.00 | \$ | | N/A | |
| | 5b. | Mandatory contributions for retirement plans | 5b |). | \$ | 0.00 | \$ | | N/A | - |
| | 5c. | Voluntary contributions for retirement plans | 50 | : . | \$ | 160.00 | \$ | | N/A | |
| | 5d. | Required repayments of retirement fund loans | 50 | l. | \$ | 0.00 | \$ | | N/A | - |
| | 5e. | Insurance | 5e |) . | \$_ | 0.00 | \$ | | N/A | - |
| | 5f. | Domestic support obligations | 5f. | | \$_ | 0.00 | \$ | | N/A | _ |
| | 5g. | Union dues | 5 g | | \$_ | 0.00 | \$ | | N/A | - |
| | 5h. | Other deductions. Specify: service fees | 5h | 1.+ | \$_ | 195.00 | + \$ | | N/A | - |
| 6. | Add | the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. | 6. | | \$_ | 1,103.00 | \$ | | N/A | - |
| 7. | Cald | culate total monthly take-home pay. Subtract line 6 from line 4. | 7. | | \$_ | 2,282.00 | \$ | | N/A | - |
| 8. | List 8a. | all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. | 8a | · | \$ | 0.00 | \$ | | N/A | |
| | 8b. | Interest and dividends | 8b | | \$ - | 0.00 | \$ | | N/A | - |
| | 8c. | Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. | | | \$ | 585.00 | \$ | | N/A | - |
| | 8d. | Unemployment compensation | 80 | l. | \$ | 0.00 | \$ | | N/A | - |
| | 8e. | Social Security | 8e |) . | \$_ | 0.00 | \$ | | N/A | _ |
| | 8f. 8g. | Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: Pension or retirement income | e 8f. 8g | | \$_ \$ | 0.00 | \$ | | N/A N/A | - |
| | 8h. | Other monthly income. Specify: | _ | , 1.+ | \$ | 0.00 | · — | | N/A | - |
| 9. | Add | all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. | 9. | 9 | \$ | 585.00 | \$ | | N/A | A |
| 10 | Cale | culate monthly income. Add line 7 + line 9. | 10. | ¢ | | 2,867.00 + \$ | | N/A | = \$ | 2,867.00 |
| 10. | | the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. | 10. | Ψ_ | | 2,007.00 + \$_ | | IN/A | - σ — | 2,007.00 |
| 11. | Inclu othe | te all other regular contributions to the expenses that you list in Schedule and contributions from an unmarried partner, members of your household, your per friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not cify: | depe | | | • | | chedule 11. | | 0.00 |
| 12. | | the amount in the last column of line 10 to the amount in line 11. The rese that amount on the Summary of Schedules and Statistical Summary of Certalies | | | | | | 12. | \$ | 2,867.00 |
| 13. | Doy | you expect an increase or decrease within the year after you file this form | 1? | | | | | | Combin monthl | ned y income |
| | | No. | | | | | | | | |
| | | Ves Evolain: | | | | | | | | 1 |

| Fill | I in this information to identify your case: | | | | |
|-----------------|--|------------------------|--------------------|--|---|
| Del | btor 1 Pamela M Edwards | | Che | ck if this is: | |
| | | | | An amended filing | |
| | btor 2bouse, if filing) | | | A supplement show 13 expenses as of | ving postpetition chapter the following date: |
| Uni | ited States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLII | NOIS | | MM / DD / YYYY | |
| | | | | | |
| 1 | se numberknown) | | | | |
| 0 | official Form 106J | | | | |
| S | chedule J: Your Expenses | | | | 12/1 |
| inf | e as complete and accurate as possible. If two married people a formation. If more space is needed, attach another sheet to this mber (if known). Answer every question. | | | | |
| Pai | rt 1: Describe Your Household Is this a joint case? | | | | |
| | ■ No. Go to line 2. | | | | |
| | ☐ Yes. Does Debtor 2 live in a separate household? | | | | |
| | ☐ No☐ Yes. Debtor 2 must file Official Form 106J-2, <i>Expense</i> | es for Separate House | <i>hold</i> of Deb | otor 2. | |
| 2. | Do you have dependents? ☐ No | | | | |
| | Do not list Debtor 1 and Debtor 2. Fill out this information for each dependent | Dependent's relation | | Dependent's age | Does dependent live with you? |
| | Do not state the | Daughter | | 4 | □ No |
| | dependents names. | Daugittei | | _ 4 | ■ Yes □ No |
| | | Daughter | | 6 | ■ Yes |
| | | | | | □ No |
| | | | | | ☐ Yes |
| | | | | | □ No □ Yes |
| 3. | Do your expenses include expenses of people other than yourself and your dependents? | | | | _ 100 |
| Es ^s | tt 2: Estimate Your Ongoing Monthly Expenses timate your expenses as of your bankruptcy filing date unless penses as of a date after the bankruptcy is filed. If this is a supplicable date. | | | | |
| | clude expenses paid for with non-cash government assistance | | | | |
| | e value of such assistance and have included it on <i>Schedule I:</i> fficial Form 106I.) | Your Income | | Your expe | enses |
| 4. | The rental or home ownership expenses for your residence. payments and any rent for the ground or lot. | Include first mortgage | 4. | \$ | 900.00 |
| | If not included in line 4: | | | | |
| | 4a. Real estate taxes | | 4a. | \$ | 0.00 |
| | 4b. Property, homeowner's, or renter's insurance | | 4b. | · | 0.00 |
| | 4c. Home maintenance, repair, and upkeep expenses | | 4c. | · | 0.00 |
| 5 | 4d. Homeowner's association or condominium dues Additional mortgage payments for your residence, such as h | nome equity loans | 4d. | · | 0.00 |

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| Debtor 1 | Pamela M Edwards | Case num | ber (if known) | |
|----------------------|--|--------------|---------------------|----------------------------|
| S. Uti | ities: | | | |
| o. Uti 6a. | Electricity, heat, natural gas | 6a. | \$ | 175.00 |
| 6b. | Water, sewer, garbage collection | 6b. | · - | 80.00 |
| | Telephone, cell phone, Internet, satellite, and cable services | | | |
| 6c. | | 6c. | · · · | 200.00 |
| 6d. | Other. Specify: | 6d. | | 0.00 |
| Fo | od and housekeeping supplies | 7. | \$ | 500.00 |
| Ch | ldcare and children's education costs | 8. | \$ | 350.00 |
| Clo | thing, laundry, and dry cleaning | 9. | \$ | 50.00 |
|). Pe i | sonal care products and services | 10. | \$ | 50.00 |
| I. Me | dical and dental expenses | 11. | \$ | 100.00 |
| 2. Tra | nsportation. Include gas, maintenance, bus or train fare. | | | |
| | not include car payments. | 12. | \$ | 50.00 |
| | ertainment, clubs, recreation, newspapers, magazines, and books | 13. | \$ | 50.00 |
| | aritable contributions and religious donations | 14. | \$ | 0.00 |
| | urance. | | — | 0.00 |
| | not include insurance deducted from your pay or included in lines 4 or 20. | | | |
| | . Life insurance | 15a. | \$ | 0.00 |
| | . Health insurance | 15b. | · - | 381.00 |
| _ | . Vehicle insurance | 15c. | · | 0.00 |
| | | | · - | |
| | Other insurance. Specify: | 15d. | > | 0.00 |
| | es. Do not include taxes deducted from your pay or included in lines 4 or 20. | 40 | • | 0.00 |
| | ecify: | 16. | \$ | 0.00 |
| | tallment or lease payments: | | • | 2.22 |
| | . Car payments for Vehicle 1 | 17a. | · · - | 0.00 |
| | . Car payments for Vehicle 2 | 17b. | · | 0.00 |
| 170 | . Other. Specify: | 17c. | \$ | 0.00 |
| 170 | . Other. Specify: | 17d. | \$ | 0.00 |
| 8. Yo | r payments of alimony, maintenance, and support that you did not report as | | | 0.00 |
| ded | lucted from your pay on line 5, Schedule I, Your Income (Official Form 106I). | 18. | \$ | 0.00 |
| 9. Otł | er payments you make to support others who do not live with you. | | \$ | 0.00 |
| Spe | ecify: | 19. | | |
|). Oth | er real property expenses not included in lines 4 or 5 of this form or on Sched | lule I: Yo | our Income. | |
| | . Mortgages on other property | 20a. | | 0.00 |
| 20k | . Real estate taxes | 20b. | \$ | 0.00 |
| 200 | . Property, homeowner's, or renter's insurance | 20c. | \$ | 0.00 |
| | . Maintenance, repair, and upkeep expenses | 20d. | · | 0.00 |
| | Homeowner's association or condominium dues | 20a. 20e. | | 0.00 |
| | | | | |
| i. Oth | er: Specify: | 21. | +\$ | 0.00 |
| 2. Cal | culate your monthly expenses | | | |
| | . Add lines 4 through 21. | | \$ | 2,886.00 |
| | . Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 | | \$ | 2,000.00 |
| | | | · | |
| 220 | . Add line 22a and 22b. The result is your monthly expenses. | | \$ | 2,886.00 |
| 3 Cal | culate your monthly net income. | | | |
| | . Copy line 12 (your combined monthly income) from Schedule I. | 23a. | \$ | 2 067 00 |
| | Copy your monthly expenses from line 22c above. | | · | 2,867.00 |
| 231 | . Copy your monthly expenses from line 22c above. | 23b. | -Φ | 2,886.00 |
| 00 | Cultivact your monthly avenue of from your monthly in any | | | |
| 230 | Subtract your monthly expenses from your monthly income. | 23c. | \$ | -19.00 |
| | The result is your monthly net income. | 200. | T | 10.00 |
| | to the second section of the second second section of the sect | . 411 - 41-1 | | |
| | you expect an increase or decrease in your expenses within the year after you example, do you expect to finish paying for your car loan within the year or do you expect your n | | | o or docroses because of a |
| | example, do you expect to finish paying for your car loan within the year or do you expect your n lification to the terms of your mortgage? | nongage | payment to increase | e or decrease decause of a |
| | , | | | |
| | | | | |
| | Yes. Explain here: | | | |

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| Fill in th | is information to identify your | case: | | | |
|-------------------------|--|-------------------------------|-------------------------------|-------------------------------|---------------------------------------|
| Debtor 1 | Pamela M Edward | ds | | | |
| | First Name | Middle Name | Last Name | | |
| Debtor 2 (Spouse if, | | Middle Name | Last Name | | |
| | <u>, </u> | NORTHERN DISTRIC | T OF ILLINOIS | | |
| United S | tates Bankruptcy Court for the: | NORTHERN DISTRIC | T OF ILLINOIS | | |
| Case nui | mber | | | _ | |
| (if known) | | | | | Check if this is an amended filing |
| | | | | | amondou ming |
| | | | | | |
| Officia | l Form 106Dec | | | | |
| Decl | aration About a | an Individua | I Debtor's Scl | hedules | 12/15 |
| | | | | | |
| If two ma | rried people are filing togethe | er, both are equally response | onsible for supplying corre | ect information. | |
| | t file this form whenever you | | | | |
| | money or property by fraud both. 18 U.S.C. §§ 152, 1341, | | nkruptcy case can result in | fines up to \$250,000, or imp | orisonment for up to 20 |
| years, or | DOIII. 16 U.S.C. 99 152, 1541, | 1519, and 5571. | | | |
| | | | | | |
| | Sign Below | | | | |
| Did | you pay or agree to pay some | eone who is NOT an atto | orney to help you fill out ba | ankruptcy forms? | |
| | | | | | |
| | No | | | | |
| | Yes. Name of person | | | | etition Preparer's Notice, |
| | | | | Declaration, and Sigi | nature (Official Form 119) |
| | | | | | |
| | er penalty of perjury, I declare they are true and correct. | that I have read the sun | nmary and schedules filed | with this declaration and | |
| x | /s/ Pamela M Edwards | | X | | |
| _ | Pamela M Edwards | | Signature of D | Debtor 2 | |
| | Signature of Debtor 1 | | - | | |
| | Date August 30, 2017 | | Date | | |
| | , tagaot 00, 2017 | | | | |

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| | | mation to identify you | | | | |
|------------------|------------------------------------|--|---|--|---|---|
| Debt | or 1 | Pamela M Edwar | Middle Name | Last Name | | |
| Debt (Spous | or 2 se if, filing) | First Name | Middle Name | Last Name | | |
| Unite | ed States Ba | ankruptcy Court for the: | NORTHERN DISTRICT (| OF ILLINOIS | | |
| Case (if know | e number wn) | | | | _ | Check if this is an mended filing |
| Sta Be as | tement complete nation. If r | and accurate as possi nore space is needed, | ble. If two married people a attach a separate sheet to | | ankruptcy equally responsible for sup additional pages, write you | |
| numb | | n). Answer every ques | stion. rital Status and Where You | Lived Before | | |
| | | ır current marital statu | | Elveu Belole | | |
| [| ☐ Married ■ Not ma | i | | | | |
| 2. [| During the | last 3 years, have you | lived anywhere other than | where you live now? | | |
|] [| ■ No □ Yes. Li | st all of the places you l | ived in the last 3 years. Do no | ot include where you live now | : | |
| | Debtor 1 P | rior Address: | Dates Debtor 1 lived there | Debtor 2 Prior Ad | dress: | Dates Debtor 2 lived there |
| | | | | | ity property state or territory co, Texas, Washington and W | |
| | | ake sure you fill out Sch | nedule H: Your Codebtors (O | fficial Form 106H). | | |
| Part | 2 Expla | in the Sources of You | r Income | | | |
| F | Fill in the tot | al amount of income yo | u received from all jobs and a | g a business during this yeall businesses, including parter together, list it only once un | | ndar years? |
| [| □ No ■ Yes. Fi | II in the details. | | | | |
| | | | Debtor 1 | | Debtor 2 | |
| | | | Sources of income Check all that apply. | Gross income (before deductions and exclusions) | Sources of income Check all that apply. | Gross income (before deductions and exclusions) |
| | • | of current year until ed for bankruptcy: | ■ Wages, commissions, bonuses, tips | \$25,000.00 | ☐ Wages, commissions, bonuses, tips | |
| | | | ☐ Operating a business | | ☐ Operating a business | |

Official Form 107

Page 34 of 50 Case number (if known) Document Debtor 1 Pamela M Edwards

| | | | | Debtor 1 | | Debtor 2 | | |
|----|---|--|---|--|---|---|---|----------|
| | | | | Sources of income Check all that apply. | Gross income (before deductions and exclusions) | Sources of incom Check all that apply | | ; |
| | r last caler anuary 1 to | ndar year: December | 31, 2016) | ■ Wages, commissions, bonuses, tips | \$42,000.00 | ☐ Wages, commis bonuses, tips | ssions, | |
| | | | | ☐ Operating a business | | ☐ Operating a bus | siness | |
| | | dar year be December | | ■ Wages, commissions, bonuses, tips | \$39,000.00 | ☐ Wages, commis bonuses, tips | ssions, | |
| | | | | ☐ Operating a business | | ☐ Operating a bus | siness | |
| 5. | Include in and other winnings. List each | come regard public benef If you are fili | less of wheth it payments; ng a joint cas he gross inco | | amples of other income are a est; dividends; money collec- you received together, list it of | ted from lawsuits; royanly once under Debto | | |
| | | | | Debtor 1 | | Debtor 2 | | |
| | | | | Sources of income Describe below. | Gross income from each source (before deductions and exclusions) | Sources of incom Describe below. | Gross income (before deductions and exclusions) | ; |
| Pa | rt 3: Lis | t Certain Pa | yments You | Made Before You Filed for I | Bankruptcy | | | |
| 6. | □ No. | Neither Deindividual puring the No. Yes * Subject Debtor 1 c During the | ebtor 1 nor D primarily for a 90 days befor Go to line 7 List below 6 paid that cro not include to adjustment or Debtor 2 o | personal, family, or househol re you filed for bankruptcy, di- cach creditor to whom you pai- editor. Do not include paymen payments to an attorney for the con 4/01/19 and every 3 years r both have primarily consu- re you filed for bankruptcy, di- | Imer debts. Consumer debts d purpose." d you pay any creditor a tota d a total of \$6,425* or more i tts for domestic support oblighis bankruptcy case. Its after that for cases filed on mer debts. | I of \$6,425* or more? n one or more payme ations, such as child or after the date of ac | ents and the total amount you support and alimony. Also, do | |
| | | □ Yes | include pay | each creditor to whom you pai ments for domestic support ol this bankruptcy case. | | | u paid that creditor. Do not o, do not include payments to a | an |
| | Creditor | 's Name and | l Address | Dates of payme | nt Total amount | Amount you W | Vas this payment for | |

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Case number (if known) Debtor 1 Pamela M Edwards

| 7. | Within 1 year before you filed for bankrupt <i>Insiders</i> include your relatives; any general part of which you are an officer, director, person in a business you operate as a sole proprietor. It alimony. No | artners; relatives of any geno a control, or owner of 20% of | eral partners; partner r more of their votin | erships of which yo g securities; and a | u are a gener ny managing a | al partner; corporations agent, including one for |
|-----|--|---|---|--|--------------------------------|---|
| | Yes. List all payments to an insider. | | | | | |
| | Insider's Name and Address | Dates of payment | Total amount paid | Amount you still owe | Reason for | this payment |
| 8. | Within 1 year before you filed for bankrupt insider? Include payments on debts guaranteed or cost | | ments or transfer a | any property on a | ccount of a d | ebt that benefited an |
| | No☐ Yes. List all payments to an insider | | | | | |
| | Insider's Name and Address | Dates of payment | Total amount paid | Amount you still owe | | this payment ditor's name |
| Par | t 4: Identify Legal Actions, Repossession | ns, and Foreclosures | | | | |
| 9. | Within 1 year before you filed for bankrupt List all such matters, including personal injury modifications, and contract disputes. No Yes. Fill in the details. | cy, were you a party in an | | | | |
| | Case title Case number | Nature of the case | Court or agency | | Status of the | ne case |
| 10. | Within 1 year before you filed for bankrupt Check all that apply and fill in the details belo No. Go to line 11. Yes. Fill in the information below. | | rty repossessed, f | foreclosed, garnis | shed, attache | d, seized, or levied? |
| | Creditor Name and Address | Describe the Property | | Date | | Value of the |
| | | Explain what happened | I | | | property |
| 11. | Within 90 days before you filed for bankrul accounts or refuse to make a payment bed No Yes. Fill in the details. | | uding a bank or fii | nancial institution | , set off any | amounts from your |
| | Creditor Name and Address | Describe the action the | creditor took | Date taken | action was | Amount |
| 12. | Within 1 year before you filed for bankrupt court-appointed receiver, a custodian, or a No Yes | | erty in the possess | | | efit of creditors, a |
| Par | t 5: List Certain Gifts and Contributions | | | | | |
| 13. | Within 2 years before you filed for bankrup ■ No □ Yes. Fill in the details for each gift. | otcy, did you give any gifts | s with a total value | of more than \$60 | 0 per person | ? |
| | ☐ Yes. Fill in the details for each gift. Gifts with a total value of more than \$600 per person | Describe the gifts | | Dates the g | s you gave ifts | Value |
| | Person to Whom You Gave the Gift and Address: | | | | | |

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| 14. | Within 2 years before you filed for bankrupt ■ No | cy, did you give any gifts or contribution | ns with a total value of more than | n \$600 to any charity? |
|-----|---|--|--|--------------------------|
| | ☐ Yes. Fill in the details for each gift or cont | ribution. | | |
| | Gifts or contributions to charities that total more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Code) | I Describe what you contributed | Dates you contributed | Value |
| Par | t 6: List Certain Losses | | | |
| 15. | Within 1 year before you filed for bankrupto or gambling? | y or since you filed for bankruptcy, did y | ou lose anything because of the | eft, fire, other disaste |
| | ■ No | | | |
| | Yes. Fill in the details. | | | |
| | | scribe any insurance coverage for the lo | oss Date of your | Value of property |
| | how the loss occurred | • | loce | los |
| | | clude the amount that insurance has paid. L surance claims on line 33 of <i>Schedule A/B:</i> | | |
| Par | t 7: List Certain Payments or Transfers | | | |
| 10. | Within 1 year before you filed for bankruptcy consulted about seeking bankruptcy or pre Include any attorneys, bankruptcy petition prep | paring a bankruptcy petition? | | erty to unyone you |
| | Person Who Was Paid | Description and value of any prope | erty Date payment | Amount of |
| | Address Email or website address Person Who Made the Payment, if Not You | transferred | or transfer was made | paymen |
| | Eric Pratt Law Firm P.C. 5301 E. State St, Ste 116 Rockford, IL 61108 rockford@jordanpratt.com | Attorney Fees | | \$1,900.00 |
| 17. | Within 1 year before you filed for bankrupto promised to help you deal with your creditor Do not include any payment or transfer that you not | rs or to make payments to your creditor | | erty to anyone who |
| | Danaga Wha Was Daid | Description and value of any prope | erty Date payment | Amount o |
| | Person who was Paid | | | |
| | Person Who Was Paid Address | transferred | or transfer was made | Amount o |
| 18. | Within 2 years before you filed for bankrupt transferred in the ordinary course of your b Include both outright transfers and transfers m include gifts and transfers that you have alread No | cy, did you sell, trade, or otherwise transusiness or financial affairs? ade as security (such as the granting of a se | made sfer any property to anyone, oth | paymen |
| 18. | Within 2 years before you filed for bankrupt transferred in the ordinary course of your be include both outright transfers and transfers minclude gifts and transfers that you have already | cy, did you sell, trade, or otherwise transusiness or financial affairs? ade as security (such as the granting of a se | made sfer any property to anyone, oth | paymen |
| 18. | Within 2 years before you filed for bankrupt transferred in the ordinary course of your b Include both outright transfers and transfers m include gifts and transfers that you have alread No | cy, did you sell, trade, or otherwise transusiness or financial affairs? ade as security (such as the granting of a se | made sfer any property to anyone, oth | paymen |

Debtor 1 Pamela M Edwards

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Debtor 1 Pamela M Edwards

| 19. | Within 10 years before you filed for bankrup beneficiary? (These are often called asset-pro | | y property to a | self-settle | d trust or similar device | of which you are a |
|-----|--|---|------------------------|-------------|--|---|
| | No Yes. Fill in the details. | | | | | |
| | Name of trust | Description and v | alue of the pro | perty trans | sferred | Date Transfer was made |
| Pai | tt 8: List of Certain Financial Accounts, Ins | struments. Safe Deposit | t Boxes, and St | orage Unit | 's | |
| | · | • | · | • | | |
| 20. | Within 1 year before you filed for bankruptcy sold, moved, or transferred? Include checking, savings, money market, o | or other financial accou | nts; certificates | s of deposi | | , , |
| | houses, pension funds, cooperatives, assocNoYes. Fill in the details. | ciations, and other finar | ncial institution | ıs. | | |
| | Name of Financial Institution and Address (Number, Street, City, State and ZIP Code) | Last 4 digits of account number | Type of accoinstrument | unt or | Date account was closed, sold, moved, or transferred | Last balance before closing or transfer |
| 21. | Do you now have, or did you have within 1 y cash, or other valuables? | ear before you filed for | r bankruptcy, a | ny safe de | posit box or other depos | sitory for securities, |
| | ■ No □ Yes. Fill in the details. | | | | | |
| | Name of Financial Institution Address (Number, Street, City, State and ZIP Code) | Who else had acc Address (Number, S State and ZIP Code) | | Describe | the contents | Do you still have it? |
| 22. | Have you stored property in a storage unit of | or place other than your | home within 1 | year before | re you filed for bankrupt | cy? |
| | ■ No □ Yes. Fill in the details. | | | | | |
| | Name of Storage Facility Address (Number, Street, City, State and ZIP Code) | Who else has or h to it? Address (Number, S | | Describe | the contents | Do you still have it? |
| Pai | rt 9: Identify Property You Hold or Control | State and ZIP Code) | | | | |
| | | | | tu van han | named from the storing | for or hold in tweet |
| 23. | Do you hold or control any property that so for someone. | meone eise owns? mci | ude any proper | ty you bor | rowed from, are storing | ior, or note in trust |
| | ■ No | | | | | |
| | Yes. Fill in the details. | | | | | |
| | Owner's Name Address (Number, Street, City, State and ZIP Code) | Where is the prop (Number, Street, City, S Code) | | Describe | the property | Value |
| Pa | t 10: Give Details About Environmental Info | ormation | | | | |
| For | the purpose of Part 10, the following definition | ons apply: | | | | |
| | Environmental law means any federal, state toxic substances, wastes, or material into the regulations controlling the cleanup of these | ne air, land, soil, surface | e water, ground | | | |
| | Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites. | | | | | |
| | Hazardous material means anything an envi | ronmental law defines | as a hazardous | s waste, ha | zardous substance, tox | ic substance, |

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

hazardous material, pollutant, contaminant, or similar term.

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Debtor 1 Pamela M Edwards

| 24. | Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law? | | | | | | |
|-----|--|---|--|--------------------|--|--|--|
| | ■ No □ Yes. Fill in the details. | | | | | | |
| | Name of site Address (Number, Street, City, State and ZIP Code) | Governmental unit Address (Number, Street, City, State an | Environmental law, if you know it | Date of notice | | | |
| | | ZIP Code) | | | | | |
| 25. | Have you notified any governmental unit of | any release of hazardous material? | | | | | |
| | ■ No □ Yes. Fill in the details. | | | | | | |
| | Name of site Address (Number, Street, City, State and ZIP Code) | Governmental unit Address (Number, Street, City, State an ZIP Code) | Environmental law, if you know it | Date of notice | | | |
| 26. | Have you been a party in any judicial or adm | ninistrative proceeding under any env | ironmental law? Include settlements a | nd orders. | | | |
| | ■ No | | | | | | |
| | Yes. Fill in the details. | | | | | | |
| | Case Title Case Number | Court or agency Name Address (Number, Street, City, State and ZIP Code) | Nature of the case | Status of the case | | | |
| Par | t 11: Give Details About Your Business or | Connections to Any Business | | | | | |
| | Within 4 years before you filed for bankrupt | | ny of the following connections to any | husiness? | | | |
| 21. | <u> </u> | | | business : | | | |
| | ☐ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time | | | | | | |
| | ☐ A member of a limited liability company (LLC) or limited liability partnership (LLP) | | | | | | |
| | ☐ A partner in a partnership | | | | | | |
| | ☐ An officer, director, or managing executive of a corporation | | | | | | |
| | ☐ An owner of at least 5% of the voting or equity securities of a corporation | | | | | | |
| | No. None of the above applies. Go to Part 12. | | | | | | |
| | Yes. Check all that apply above and fill | | | | | | |
| | Business Name Address | Describe the nature of the business | Employer Identification number Do not include Social Security n | umber or ITIN. | | | |
| | (Number, Street, City, State and ZIP Code) Name of accountant or bookkeeper Dates business existed | | | | | | |
| 28. | Within 2 years before you filed for bankrupt institutions, creditors, or other parties. | cy, did you give a financial statement | to anyone about your business? Include | de all financial | | | |
| | ■ No | | | | | | |
| | Yes. Fill in the details below. | | | | | | |
| | Name Address (Number, Street, City, State and ZIP Code) | Date Issued | | | | | |
| | | | | | | | |

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Case number (if known) Debtor 1 Pamela M Edwards

| Part 12: Sign Below | | |
|---|---|---|
| are true and correct. I understand that making a fa | ancial Affairs and any attachments, and I declare under alse statement, concealing property, or obtaining mo (250,000, or imprisonment for up to 20 years, or both. | oney or property by fraud in connection |
| /s/ Pamela M Edwards | | |
| Pamela M Edwards | Signature of Debtor 2 | |
| Signature of Debtor 1 | | |
| Date August 30, 2017 | Date | |
| Did you attach additional pages to Your Statemer | nt of Financial Affairs for Individuals Filing for Bankru | uptcy (Official Form 107)? |
| ■ No | | |
| ☐ Yes | | |
| Did you pay or agree to pay someone who is not a | an attorney to help you fill out bankruptcy forms? | |
| ■ No | | |
| ☐ Yes. Name of Person Attach the Bankrup | ntcy Petition Preparer's Notice, Declaration, and Signature | e (Official Form 119). |

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| Fill in this inform | nation to identify your o | ase: | | | | |
|--|--|--|--|--|-------------------------|--|
| Debtor 1 | Pamela M Edwards | S | | | | |
| | First Name | Middle Name | | Last Name | | |
| Debtor 2 (Spouse if, filing) | First Name | Middle Name | | Last Name | | |
| | nkruptcy Court for the: | NORTHERN DIST | IDICT OF ILL | | | |
| Officed States Bar | ikrupicy Court for the. | NOKTIEKN DIST | IKICI OF ILL | IIIOIS | | |
| Case number | | | | | | ☐ Check if this is an |
| (ii kilowii) | | | | | | amended filing |
| If you are an indiversell of two married per sign and Be as complete a | vidual filing under chap e claims secured by you ed personal property a form with the court w yer is earlier, unless th orm | oter 7, you must fill ar property, or nd the lease has no ithin 30 days after e court extends the in a joint case, bo le. If more space is | I out this form ot expired. you file your e time for can th are equall | Filing Under Ch if: bankruptcy petition or by the use. You must also send copi y responsible for supplying co ach a separate sheet to this for | e date set for the cred | he meeting of creditors, itors and lessors you list ation. Both debtors must |
| | ur Creditors Who Have | | | | | |
| 1. For any credito information bel | - | rt 1 of Schedule D | : Creditors W | /ho Have Claims Secured by | Property (Office | cial Form 106D), fill in the |
| | ditor and the property th | nat is collateral | What do you secures a | ou intend to do with the prop debt? | | Did you claim the property as exempt on Schedule C? |
| | ells Fargo Hm Mortga | ng | | er the property. | | □ No |
| name: | | | | the property and redeem it. he property and enter into a | | ■ Yes |
| Description of property securing debt: | 2919 Castle Rd Woo 60098 McHenry Co | , | _ Reaffiri | mation Agreement. he property and [explain]: | | |
| Dart O. Liet Vo | Harring d Dans and | Duamantu I aaaaa | | | | |
| For any unexpired in the information | n below. Do not list rea | se that you listed I estate leases. Un | expired lease | G: Executory Contracts and less are leases that are still in eoes not assume it. 11 U.S.C. § | effect; the leas | |
| Describe your ur | nexpired personal prop | erty leases | | | Will | the lease be assumed? |
| Lessor's name: | | | | | | lo. |
| Description of lease | sed | | | | | 10 |
| Property: | | | | | □ Y | 'es |
| Lessor's name: | | | | | | lo |
| Description of lease | sed | | | | | |
| Property: | | | | | O Y | es |
| Lessor's name: | | | | | | lo |

Statement of Intention for Individuals Filing Under Chapter 7

Official Form 108

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| Deb | tor 1 | Pamela M Edwards | Case number (if known | n) |
|------|---------|--|---|---|
| | | | | |
| | • | n of leased | | _ |
| Prop | perty: | | | ☐ Yes |
| Less | sor's n | ame: | | □ No |
| | | n of leased | | 2 No |
| Prop | perty: | | | ☐ Yes |
| ا ود | sor's n | ame. | | □ No |
| | | n of leased | | □ NO |
| Prop | erty: | | | ☐ Yes |
| Lace | sor's n | ame: | | □ No |
| | | n of leased | | □ NO |
| Prop | erty: | | | ☐ Yes |
| Lace | sor's n | ame: | | □ No |
| | | n of leased | | □ NO |
| | erty: | | | ☐ Yes |
| 5 | | a. a. | | |
| Part | 3: | Sign Below | | |
| Unde | er pen | alty of periury. I declare that I have indicat | ted my intention about any property of my estate that s | ecures a debt and any personal |
| | | nat is subject to an unexpired lease. | , | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
| Х | /s/ Pa | amela M Edwards | X | |
| | Pam | ela M Edwards | Signature of Debtor 2 | |
| | Signa | ature of Debtor 1 | | |
| | Doto | A | Data | |
| | Date | August 30, 2017 | Date | |

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

| Chapter 7: | Liquidation |
|------------|--------------------|
| \$245 | filing fee |
| \$75 | administrative fee |
| + \$15 | trustee surcharge |
| \$335 | total fee |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

\$1,167 filing fee

+ \$550 administrative fee \$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

| | \$200 | filing fee |
|---|-------|--------------------|
| + | \$75 | administrative fee |
| | \$275 | total fee |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

| | \$235 | filing fee |
|---|-------|--------------------|
| + | \$75 | administrative fee |
| | \$310 | total fee |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure.

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/Bankru

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list. Case 17-82050 Doc 1 Filed 08/30/17 Entered 08/30/17 14:35:32 Desc Main Document Page 46 of 50

B2030 (Form 2030) (12/15)

United States Bankruptcy Court Northern District of Illinois

| In r | e Pamela M Edwards | | Case No. | |
|------|---|--|----------------------|-------------------------------------|
| | | Debtor(s) | Chapter | 7 |
| | DISCLOSURE OF COMPE | NSATION OF ATTOR | NEY FOR DI | EBTOR(S) |
| 1. | Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016 compensation paid to me within one year before the filibe rendered on behalf of the debtor(s) in contemplation | ng of the petition in bankruptcy, | or agreed to be paid | to me, for services rendered or to |
| | For legal services, I have agreed to accept | | \$ | 1,900.00 |
| | Prior to the filing of this statement I have received | | \$ | 1,900.00 |
| | Balance Due | | \$ | 0.00 |
| 2. | \$_335.00 of the filing fee has been paid. | | | |
| 3. | The source of the compensation paid to me was: | | | |
| | ■ Debtor □ Other (specify): | | | |
| 4. | The source of compensation to be paid to me is: | | | |
| | ■ Debtor □ Other (specify): | | | |
| 5. | ■ I have not agreed to share the above-disclosed com | pensation with any other person u | inless they are mem | bers and associates of my law firm. |
| | ☐ I have agreed to share the above-disclosed compens copy of the agreement, together with a list of the na | | | |
| 6. | In return for the above-disclosed fee, I have agreed to r | ender legal service for all aspects | of the bankruptcy | case, including: |
| | a. [Other provisions as needed] see attached fee agreement | | | |
| 7. | By agreement with the debtor(s), the above-disclosed for Representation of the debtors in any dischadversary proceeding or any Inquiries into | nargeability actions, judicial lier | | ef from stay actions or any other |
| | | CERTIFICATION | | |
| this | I certify that the foregoing is a complete statement of are bankruptcy proceeding. | ny agreement or arrangement for p | payment to me for r | epresentation of the debtor(s) in |
| | August 30, 2017 | /s/ Jacob Maegli | | |
| _ | Date | Jacob Maegli 6317 | | |
| | | Signature of Attorney Eric Pratt Law Firm | | |
| | | 5301 E. State St, S | te 116 | |
| | | Rockford, IL 61108 | | |
| | | 815-315-0683 Fax rockford@jordanpra | | |
| | | Name of law firm | | |

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| CHAPTER 7 FLAT FEE AGREEMENT Eric Pratt Law Firm, P.C. ("Attorney"), is engaged to represent ("Client"), in a Chapter 7 Bankruptcy. Attorney and Client agree that this representation includes the Petition, Statements and Schedules, Representation at the 341(a) meeting, This agreement does NOT include representation in court appearances, including but not limited to, dischargability complaints, Lien Avoidance, Motion to dismiss filed by US Trustee, inquiries into the value of assets, or any other hearing, contested motions, or adversary proceeding. Additional fees will be required if these services are needed. |
|--|
| Client agrees to pay Attorney a flat fee of \$ 1900 for the services described above. This flat fee is based on the anticipated amount of work required based on the information provided to date by Client to Attorney. If the information is incomplete, incorrect, or changes before the time Client's matter is ready to be filed, the Attorney's legal assessment of the matter may change, causing the flat fee amount to require adjustment. Client will be responsible for costs in addition the flat fee, including but not limited to, the \$335 filing fee plus the \$ 30 credit report fee. The filing fee of \$335 shall be paid by separate check or cash to be placed in the Trust account. The flat fee, upon payment, becomes the property of the law firm and Client directs Attorney to deposit these funds in Attorney's business account. While Client has the right to pay Attorney on an hourly fee basis, Client elects to pay Attorney on a flat fee structure as it tends to be less money when compared to an hourly rate fee structure. The firm will begin work on the Bankruptcy Petition upon receipt of the entire flat fee along with the supporting documentation. |
| Client understands that bankruptcy laws only allow for protection of certain amount of property and if any property remains unprotected, Client understands the Chapter 7 Trustee can sell it if Client does not or cannot buy out the Trustee's interest and that the US Trustee may object to the filing of a Chapter 7 if they believe Client has excess income and should be filing a Chapter 13. |
| Certain debts are not dischargeable under the bankruptcy laws, such as, student loans or educational debts, some taxes, undisclosed debts, debt related to family court matters (support/maintenance), fines, debts incurred by fraud, debts incurred after filing, future association/condo HOA dues, or any other debt found non-dischargeable by the Judge. |
| Client agrees not to transfer any property or incur any debt without expressed permission from Attorney or the Court. Client agrees to make full disclosure of all income, expenses, debts, and assets at the initial consultation and on the bankruptcy petition. |
| Client understands bankruptcy law requires the completion of a pre-filing and a post-filing course. Client agrees to pay for both the pre-filing and post-filing course independently of this agreement and working with Attorney to make sure that the certificates are received. If Client's case is closed without discharge by the Bankruptcy Court due to failure to complete post-filing course, Client shall be required to pay fees and cost related to the reopening of the case. |
| Attorney-Client relationship terminates and the attorney's file will be closed upon receipt of discharge of bankruptcy unless otherwise specified on this document. In the event Client terminates or cancels this Agreement prior to the filing of the bankruptcy Attorney shall deduct the amount of \$300 prior to refunding. Attorney shall promptly refund any amount in excess of \$300. Client authorizes Attorney to transfer any funds held in the trust account to the operating account at the time of such termination to ensure the amounts due and owing to either party can be properly assessed. Any and all physical records will be maintained in accordance with the laws governing such records and will be destroyed no later than 7 years after the file's closure. |
| By signing this agreement, I agree that I have had an opportunity to discuss the agreement with Attorney, understand the agreement, and have had an opportunity to ask questions and have received an explanation for any questions that I had. |
| CLIENT ERIC PRATT LAW FIRM, P.C. |
| |
| Total: 1933 +335-2268 |
| If payment via debit card, payments are as follows: \$today. Then, \$ |
| with no prior authorization necessary. The \$335.00 cannot be debited from the card and shall be paid via check or cash prior to filing. |
| If payment via cash or check, payments are as follows: \$ |
| to be mailed in or dropped off at the office. The \$335.00 filing fee shall be paid prior to filing. |

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United States Bankruptcy CourtNorthern District of Illinois

| | | Tot them District of Hillors | | |
|-------|--|---|-----------------|---------------------------|
| In re | Pamela M Edwards | | Case No. | |
| | | Debtor(s) | Chapter | 7 |
| | | | | |
| | VE | RIFICATION OF CREDITOR M | ATRIX | |
| | | Number of | Creditors: _ | 20 |
| | The above-named Debtor(s) (our) knowledge. | hereby verifies that the list of credit | ors is true and | correct to the best of my |
| Date: | August 30, 2017 | /s/ Pamela M Edwards Pamela M Edwards Signature of Debtor | | |

Algonquin Family Heathcare 2220 Huntington Dr. N Algonquin, IL 60102

Capital One Attn: Bankruptcy Po Box 30253 Salt Lake City, UT 84130

Centegra Health System Box 6204 Carol Stream, IL 60197

Comenity Bank/Express Attn: Bankruptcy Po Box 182125 Columbus, OH 43218

Comenity Bank/nwyrk&co 220 W Schrock Rd Westerville, OH 43081

Diversified Consultant Dci Po Box 551268 Jacksonville, FL 32255

Harris & Harris 111 West Jackson Blvd Suite 400 Chicago, IL 60604

Mchenry Svbk 353 Bank Drive Mc Henry, IL 60051

Mercy Health Systems Box 5003 Janesville, WI 53547

Novas & Assoc 600 Hart Rd Suite 310 Barrington, IL 60010 Pan Am Coll Po Box 5528 Bloomington, IL 61702

Portfolio Recovery 120 Corporate Blvd Ste 1 Norfolk, VA 23502

PRA Behavioral 1701 E. Woodfield Rd Suite 1000 Schaumburg, IL 60173

Radiological Consultants of Woodsto 9410 Compubill Dr Orland Park, IL 60462

Santander Consumer USA Po Box 961275 Fort Worth, TX 76161

St. Alexius Medical 22589 Network Place Chicago, IL 60673

Stanislaus Credit Control Service, Inc. Po Box 480 Modesto, CA 95353

Verizon Verizon Wireless Bankruptcy Administrati 500 Tecnolgy Dr Ste 500 Weldon Springs, MO 63304

Wells Fargo Hm Mortgag Po Box 10335 Des Moines, IA 50306

Worlds Foremost Bank 4800 Nw 1st St Ste 300 Lincoln, NE 68521